

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AS (SEMIAMBULATORY)

**Facility Information**

**Facility Name:** BELL THERAPY THURSTON (0008680)

**Address:** 5734 N 94TH ST, MILWAUKEE, WI 53225

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/2000

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0094136      **End Date:** 02/08/2005      **Type:** OTHER      **Purpose:** SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008763    Served 02/16/2005

Deficiencies Cited

Subject Area

Compliance  
Verified

Corrected

83.12(5)(c)

REFER TO APPROPRIATE HEALTH PROVIDER

83.15(1)(b)

QUALIFIED STAFF SHALL BE ON PREMISE

83.19(1)(d)

PHYSICAL OR MENTAL CONDITION

83.21(4)(p)

PROMPT AND ADEQUATE TREATMENT

**Survey ID:** 0093067      **End Date:** 07/15/2004      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AS (SEMIAMBULATORY)

**Survey ID:** 0091011      **End Date:** 07/08/2003      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10006883    Served 09/29/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	07/15/2004	Yes
83.05(2)(b)	CLASS A SEMIAMBULATORY (AS)	07/15/2004	Yes
83.14(1)(b)	NEED ASSESSMENT AND ISP	07/15/2004	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	07/15/2004	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	07/15/2004	Yes
83.14(7)(b)	CONTINUING EDUCATION	07/15/2004	Yes
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	07/15/2004	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	07/15/2004	Yes
83.33(2)(a)	SUPERVISION	07/15/2004	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	07/15/2004	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	07/15/2004	Yes
83.43(4)(b)2.e	COMPARTMENT IF MINIMUM LINTEL DEPTH	07/15/2004	No

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AS (SEMIAMBULATORY)

**Enforcement History**

**Date: 02/15/2005      SOD #10008763      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.12(5)(c)

FORFEITURE---83.15(1)(b)

FORFEITURE---83.19(1)(d)

FORFEITURE---83.21(4)(p)

**Date: 09/22/2003      SOD #10006883      Appealed: Yes      Decision: STIPULATION**

Sanctions

OTHER SANCTION

FORFEITURE---83.14(1)(b)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(7)(b)

FORFEITURE---83.21(4)(n)

FORFEITURE---83.33(2)(a)

FORFEITURE---83.33(2)(g)3

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** BELL THERAPY UNDERWOOD (0009082)

**Address:** 3146 E UNDERWOOD, CUDAHY, WI 53110

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2001

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0092305      **End Date:** 12/15/2003      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0091210      **End Date:** 07/15/2003      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008915    Served 10/17/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL		
83.41(10)(a)	BUILDING MAINTENANCE		
83.41(10)(c)	PLUMBING IN GOOD REPAIR		

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